



## CACFP and SFSP Enrollment Form

Our Team Nutrition Program Leader is:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Program Name \_\_\_\_\_

Program Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail address \_\_\_\_\_

**We agree to:**

- Support USDA's Team Nutrition mission and principles.
- Demonstrate a commitment to help students meet the Dietary Guidelines for Americans.
- Designate a Team Nutrition Program Leader who will establish a team.
- Distribute Team Nutrition materials to teachers, students, and parents as appropriate.
- Involve teachers, students, parents, food service personnel, and the community in interactive nutrition education activities.
- Demonstrate a well-run Child Nutrition Program.
- Share successful strategies and programs with other Team Nutrition Programs.

We certify our Nutrition Program does not have any outstanding over claims or significant program violations in our meal program.

\_\_\_\_\_  
(Print) Program Director/Administrator

\_\_\_\_\_  
(Print) Food Service Manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return form to: Patti Delger, Team Nutrition Grant Project Director,  
Bureau of Nutrition, Health and Transportation Services, Grimes State Office Building, 400 East  
14<sup>th</sup> St., Des Moines, IA 50319-0146 or Fax 515-281-6548 or email [patti.delger@iowa.gov](mailto:patti.delger@iowa.gov)  
Phone 515-281-5676**